Complete Summary

GUIDELINE TITLE

Guideline on facet neurotomy.

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guideline on facet neurotomy. Provider Bull 2003 Sep;(PB 03-11):1-6. [6 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Cervical or lumbar facet (zygapophyseal) joint pain

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Anesthesiology
Family Practice
Internal Medicine
Neurology
Orthopedic Surgery

INTENDED USERS

Advanced Practice Nurses
Hospitals
Physician Assistants
Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

To provide information on the diagnosis and treatment criteria for cervical or lumbar facet joint pain and the reactivation protocol following a facet neurotomy

TARGET POPULATION

The injured worker with cervical or lumbar facet joint pain that requires facet neurotomy

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Diagnostic medial nerve block or facet joint block
2. Documentation of pain relief using standardized form

Treatment/Management

1. Facet neurotomy*
2. Formal plan for reactivation, including outpatient physical therapy or occupational therapy, or work hardening

*Older terminology for facet neurotomy included "rhizotomy," although this term does not accurately describe the current procedure.

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of the U.S. National Library of Medicine's Medline database to identify data related to the injured worker population.

The current medical literature was reviewed for randomized, double blind control trials on facet neurotomy in the treatment of cervical or lumbar facet (zygapophyseal) pain.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The guideline is based on a literature review of the current scientific information regarding facet neurotomy in the treatment of facet joint pain and on expert opinion from actively practicing physicians who regularly treat facet joint pain.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The guideline is further refined after input from other community-based practicing physicians.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Criteria for Cervical or Lumbar Facet Neurotomy

Inclusion Criteria

CONSERVATIVE CARE		CLINICAL FINDINGS		
		SUBJECTIVE/OBJECTIVE		DIAGNOSTIC TESTS
Failure of 6 months of noninvasive therapy such as physical therapy, medications, or manual therapy (mobilization/manipulation)	AND	Non-radicular neck or back pain AND Segmental pain or tenderness at the level of the involved facet and not more than 2 levels bilaterally or 3 levels unilaterally AND Neurologically intact for the region involved	AND	Diagnostic testing as required to rule out any correctable structural lesion to include CT or MRI. Diagnostic blocks should not involve more than 2 levels unilaterally or bilaterally. AND Minimum of at least 2 differential local anesthetic blocks. One block must be of the medial branch of the dorsal

CONSERVATIVE CARE	CLINICAL FINDINGS			
		SUBJECTIVE/OBJECTIVE		DIAGNOSTIC TESTS
				ramus innervating the targeted facet joints; the other block may be an intra-articular facet joint block. AND Differential blocks may be either 0.5 ml total volume of a short acting local anesthetic (2 to 4% lidocaine); or 0.5 ml total volume of a long acting local anesthetic (0.5 to 0.75% bupivacaine). AND Steroid may be used with a local anesthetic for the intra-articular block but total

CONSERVATIVE CARE	CLINICAL FINDINGS			
		SUBJECTIVE/OBJECTIVE		DIAGNOSTIC TESTS
				volume of both local and steroid should not exceed 0.5 ml for cervical injection and 0.75 ml for lumbar injection. AND Minimum of 80% pain relief following each block while performing activities that previously provoked pain. Documentation of pain relief should be a patient-generated report in real-time, every 15 minutes for the first six hours following the block. AND Duration of pain relief should be

CONSERVATIVE CARE	CLINICAL FINDINGS			
		SUBJECTIVE/OBJECTIVE		DIAGNOSTIC TESTS
				consistent with the expected duration of the local anesthetic injected (1 hour for short acting and 2 hours for long acting local anesthetic). AND/OR Placebo controlled blocks may be used to resolve any ambiguity of results of local anesthetic blocks.

Abbreviations: CT, computed tomography; MRI, magnetic resonance imaging

Exclusion Criteria that would require utilization review (UR) physician review

- Radiculopathy
- Anticipated cervical, thoracic, or lumbar surgery
- Anticipated surgery for any other condition
- Previous fusion at the targeted level
- Diagnosed with a psychiatric condition likely to interfere with diagnostic accuracy of the workup protocol or with recovery following the anticipated procedure
- Multiple, focal, chronic pain syndromes (i.e., complex regional pain syndrome [CRPS], fibromyalgia, chronic fatigue syndrome)

Reactivation and Maximum Medical Improvement following a Facet Neurotomy

A formal plan for reactivation must be developed, and agreed upon by the injured worker, prior to a facet neurotomy. If indicated, vocational assessment and/or plan development should be initiated prior to the procedure. A two-day recovery period following the facet neurotomy would be expected, followed by the continuation of vocational activities if not previously completed. Progressive reactivation, as appropriate based on the injured worker's condition, should include up to four weeks of outpatient physical therapy or occupational therapy, or work hardening. An additional four weeks of reactivation may be approved with documentation of physical or functional improvement during the preceding four weeks of therapy. At the conclusion of the post-procedure reactivation the injured worker should be at maximum medical improvement.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

The guideline is based on a literature review of the current scientific information regarding facet neurotomy in the treatment of facet joint pain, and on expert opinion from actively practicing physicians who regularly treat facet joint pain.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Patients with a clear diagnosis of medial branch nerve pain may benefit from a facet neurotomy. At the conclusion of the post-procedure reactivation, the injured worker should be at maximum medical improvement.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that

guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.

- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.
- The guideline-setting process will be iterative, that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

This guideline is published in a provider bulletin which is mailed to all health care providers (e.g., physicians, osteopaths, physician assistants, nurse practitioners, pain clinics, and pharmacists) that have a provider number with the Washington State Department of Labor and Industries. Specialized training on the guideline is also given to all department claim managers.

In addition, all of the surgical guidelines established by the Department of Labor and Industries in collaboration with the Washington State Medical Association (WSMA) have been implemented in the context of the Utilization Review (UR) program (complete details regarding the Utilization Review program can be found on the Washington State Department of Labor and Industries Web site). It has been critical in contract negotiations with UR vendors to specify that the vendor is willing to substitute WSMA-generated guidelines for less specific standards already in use by the company. The Department of Labor and Industries initiated an outpatient UR program, and this has allowed full implementation of guidelines related to outpatient procedures (e.g., carpal tunnel surgery, magnetic resonance imagings [MRIs]). The scheduled drug use guideline has been used internally, but has not been formally implemented in a UR program.

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way. The subcommittee tried to distinguish between clear-cut indications for procedures and indications that were questionable. The expectation was that when surgery was requested for a patient with clear-cut indications, the request would be approved by nurse reviewers. However, if such clear-cut indications were not present, the request would not be automatically denied. Instead, it would be referred to a physician consultant who would review the patient's file, discuss the case with the requesting surgeon, and make recommendations to the claims manager.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guideline on facet neurotomy. Provider Bull 2003 Sep;(PB 03-11):1-6. [6 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Sep 15

GUIDELINE DEVELOPER(S)

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

Washington State Department of Labor and Industries

GUIDELINE COMMITTEE

Washington State Department of Labor and Industries (L&I), Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspecialty Council

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Medical Director, Washington State Department of Labor and Industries (L&I): Gary Franklin, MD

The individual names of the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee are not provided in the original guideline document.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Washington State Department of Labor and Industries Web site.

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Washington State Department of Labor and Industries. Utilization Review Program. New UR Firm. (Provider Bulletin: PB 02-04). Olympia (WA): Washington State Department of Labor and Industries; 2002 Apr. 12 p.

  Electronic copies: Available from the Washington State Department of Labor and Industries Web site.

- Grannemann TW (editor). Review, regulate, or reform? What works to control workers' compensation medical costs? In: Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 1994 (republished 2002). p. 3-19.

  Electronic copies: Available from the Washington State Department of Labor and Industries Web site.

Print copies are available from the L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

PATIENT RESOURCES

None available

NGC STATUS

This summary was updated by ECRI on May 26, 2004. The information was verified by the guideline developer on June 14, 2004.

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